DePaul University
Office of Financial Aid at DePaul Central
2015-2016 Request to Reduce/Cancel Federal Direct Parent PLUS Loans

DePaul Central Locations:

<table>
<thead>
<tr>
<th>DePaul Center, Suite 9100</th>
<th>Schmitt Academic Center, Suite 101</th>
</tr>
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<tbody>
<tr>
<td>1 East Jackson Boulevard</td>
<td>2320 North Kenmore Avenue</td>
</tr>
<tr>
<td>Chicago, Illinois 60604</td>
<td>Chicago, Illinois 60614</td>
</tr>
</tbody>
</table>

(if you mail this form, please use this address)

Telephone (312) 362-8610 Fax (312) 362-5748

This form may be faxed, or mailed, or submitted by using our secure document upload website at wdat.is.depaul.edu/FAUpload/default.aspx

<table>
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<tr>
<th>Student Name</th>
<th>Student ID</th>
<th>Parent (Borrower) Name</th>
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If your parent would like to reduce or cancel his/her Federal Direct Parent PLUS Loan, he/she may do so by completing and submitting this form to the Office of Financial Aid. **If the loan has been partially or entirely disbursed, please contact our office prior to submitting this form.** In order to allow sufficient time for processing, please submit this form no later than 10 business days before the end of the academic term. Our office may contact you to clarify your request.

**Decrease – this only applies to future disbursements**

- [ ] Decrease my PLUS Loan to a total amount of $ _____________.00.

  Comments:___________________________________________________________________________________
  _____________________________________________________________________________________________
  _____________________________________________________________________________________________
  _____________________________________________________________________________________________

Please check the term(s) and indicate the gross amount(s) for the loan request noted above:

- [ ] Autumn term amount ___________
- [ ] Winter term amount ___________
- [ ] Spring term amount ___________

**Cancellation**

- [ ] Cancel unpaid disbursements.
- [ ] Cancel entire loan (including paid disbursements). **I understand that the cancelation of my loan may result in a balance due on my student’s account/bill and he/she will be responsible for the balance due. Failure to pay may result in a hold on his/her account.**

  Other:________________________________________________________________________________________
  _____________________________________________________________________________________________
  _____________________________________________________________________________________________

By signing this form, I am authorizing the Office of Financial Aid to make the above changes.

**Parent (Borrower) Signature**

**Date**

**Parent phone number**

*Typed and digital signatures are not acceptable*